- /	ISON LICE	NSING	609 /34 6888	10 8, 15/12/3	2885, 53 P. UI	
NOV 1 5 2005 (L)	PART B	- FEE(S)	TRANSMITTAL			
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SIGNED. THEREFORE, I AM REFAX	ING THE PA	YMENT _F I	Fax (571) 273-2885	•		
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P.O. BOX 5312 PRINCETON, NY 08543-5312			Patricia M		(Depositor's name)	
1/16/2005 TBESHAH2 00000051 070832 10014	1963		Patrice !	2. Olderwyf	(Signature)	
1 FC:1501			November 1		(Date)	
2 FC:1504 300:00 DA FILING DATE]	FIRST NAME		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/014,963 12/11/2001 Richard Mateer Peterson PU010220 6355						
TITLE OF INVENTION: SCENE CUT DETECTION II	N A VIDEO BITS	TREAM				
APPLN. TYPE SMALL ENTITY	ISSUE FI	Œ	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	\$1400)	\$300	\$1700	11/30/2005	
EXAMINER	ART UN	ΙΤ	CLASS-SUBCLASS]		
PHILIPPE, GIMS S	2613		375-240240			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (See Block 1 Above) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patcht front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 Guy H. Eriksen			
Number is required.	listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO B			•		land for	
PLEASE NOTE: Unless an assignee is identified be recordation as set forth in 37 CFR 3.11. Completion	of this form is NO	ra substitute	for filing an assignment.	iee is identified below, the c	tocument has been mor for	
		B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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Please check the appropriate assignee category or category	ries (will not be pr	inted on the p	atent): Individual 🔯 C	orporation or other private gr	oup entity Government	
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	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies5	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0/-0032 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above	e)	Deposit Acc	ount Number U/-U032	(enclose an extra c	copy of this form).	
a. Applicant claims SMALL ENTITY status. See	37 CFR 1.27.		ant is no longer claiming SMA			
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Authorized Signature			Date November 15, 2005			
Typed or printed name GUY H. ERIKSEN			Registration	No. 41,736		
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